



**Addison Fire Department**  
**Fire Prevention Division**  
**4798 Airport Parkway**  
**Addison, Texas 75001**  
**Phone 972-450-7220      Fax 972-450-7208**

## Fire Sprinkler Plan Review Requirements and Checklist

### CONTRACTOR INFORMATION

Name:

Address:

City, State & Zip:

Phone:

SCR #:

### PROJECT INFORMATION

Name:

Address:

Suite #

City, State & Zip:

First Submittal  
(Check One)

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Re-Submittal  
(Plans Rejected)

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Additional Submittal  
(Devices Added, Removed or Relocated)

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### Reference Notes:

- Use this checklist when installing a new fire sprinkler system or modifying an existing system.

**All plans shall be folded to fit an 8 ½" X 11" folder. Rolls may be accepted on large projects only.**

The planner shall mark with an "X" beside each line below to indicate the information is included with the submittal or indicate with "N/A" if not applicable.

### INCOMPLETE PLAN SUBMITTALS WILL BE RETURNED WITHOUT A REVIEW.

**Provide the following on all plan sheets (3 Sets required):**

- \_\_\_\_\_ 1. Company Name, Address, City, State & Zip, Phone Number and State Registration Number
- \_\_\_\_\_ 2. Planner's Name, License Number, and Original Signature of RME.
- \_\_\_\_\_ 3. Project Name, Address, City, State & Zip
- \_\_\_\_\_ 4. Scale (1/8" = 1' Minimum, 1/16" = 1' acceptable for large buildings)
- \_\_\_\_\_ 5. Occupant/owner information is provided (i.e. names, addresses, and phone numbers)
- \_\_\_\_\_ 6. All graphical information is provided. (Scale, points of compass, matchlines, etc)
- \_\_\_\_\_ 7. Building information. (Occupancy classification, construction type)
- \_\_\_\_\_ 8. Provide all relevant building information. (Wall types, ceiling elevation, concealed spaces, elevation views)
- \_\_\_\_\_ 9. Hazard classification. (Commodity type, class, storage arrangement, how the density was derived)
- \_\_\_\_\_ 10. Provide the type of sprinkler system, Design standard, referenced mains, hangers, makes, models, etc.
- \_\_\_\_\_ 11. Provide water supply information and hydraulic calculations.
- \_\_\_\_\_ 12. A minimum 10 psi safety factor is required.
- \_\_\_\_\_ 13. "Cloud", or Indicate, Revisions on Re-submittal or Additional Submittals
- \_\_\_\_\_ 14. Symbol Legend – quantities of each device.

**I hereby certify that this submittal contains the information required by the  
Town of Addison fire codes and standards.**

**Signature:** \_\_\_\_\_  
(Must be signed by the same Person who Signed Plans)

**RME#** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**The Contractor is expected to be aware of and conform to all applicable regulations pertaining to this project. Any error or omission on the part of the Addison Fire Department should not be misinterpreted as permission to install a system incorrectly.**

**Upon Arrival of Fire Inspector for Final Acceptance Test:**

- Fire sprinkler contractor will provide a ladder for the inspector's use.
- The system shall be pressurized to 200 psi for 2 hours, or 50 psi over normal pressure on existing systems.
- A hydrostatic test will NOT be required when adding or relocating 20 heads or less.
- Provide a copy of State sprinkler forms for the fire inspector's file.

If you have any questions, or require additional information please call:

**Office: 972-450-7220**

**Fax: 972-450-7208**

**Email: grobbins@addisontx.gov**

**Deputy Chief Gordon Robbins  
Addison Fire Department**